B22C (Official Form 22C) (Chapter 13) (12/10)

| | t Escalante L. Escalante | According to the calculations required by this statement: ☐ The applicable commitment period is 3 years. |
|--------------|--|--|
| Case Number: | Debtor(s) 10-22479-MM13 (If known) | ■ The applicable commitment period is 5 years. ■ Disposable income is determined under § 1325(b)(3). |
| | | ☐ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPORT OF INCOME | | | |
|---|---|---------------|--------------------|--------------------|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | stateme | ent as directed. | |
| | b. ■ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") | | ") for Lines 2-10 | |
| | All figures must reflect average monthly income received from all sources, derived during the calendar months prior to filing the bankruptcy case, ending on the last day of the month befor | | Column A | Column B |
| | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | Debtor's Income | Spouse's Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions. | \$ | 2,582.79 | \$ 4,004.70 |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a enter the difference in the appropriate column(s) of Line 3. If you operate more than one busin profession or farm, enter aggregate numbers and provide details on an attachment. Do not entenumber less than zero. Do not include any part of the business expenses entered on Line by a deduction in Part IV. | ness, er a | | |
| | a. Gross receipts Spouse \$ 0.00 \$ 0 | .00 | | |
| | | .00 | | |
| | c. Business income Subtract Line b from Line a | \$ | 0.00 | \$ 0.00 |
| 4 | | | | |
| | c. Rent and other real property income Subtract Line b from Line a | \$ | 0.00 | \$ 0.00 |
| 5 | Interest, dividends, and royalties. | \$ | 0.00 | \$ 0.00 |
| 6 | Pension and retirement income. | \$ | 0.00 | \$ 0.00 |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | \$ | 0.00 | \$ 0.00 |
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse w benefit under the Social Security Act, do not list the amount of such compensation in Column or B, but instead state the amount in the space below: | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0 | .00 | 0.00 | \$ 0.00 |

| | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate | | | | | |
|----|--|---|---------|-------------------|--|--|
| | maintenance payments paid by your spouse, but include all other payments of alimony or | | | | | |
| | separate maintenance. Do not include any benefits received under the Social Security Act or | | | | | |
| 9 | payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | | |
| | Debtor Spouse | | | | | |
| | a. \$ \$ | | | | | |
| | | \$ 0.0 | 9 | 0.00 | | |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). | \$ 2,582.7 | 9 \$ | 4,004.70 | | |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | \$ | | 6,587.49 | | |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT P | PERIOD | | | | |
| 12 | Enter the amount from Line 11 | | \$ | 6,587.49 | | |
| 13 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you co calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a reg the household expenses of you or your dependents and specify, in the lines below, the basis for exclusion income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additions on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ \$ c. \$ \$ | of your spouse, gular basis for luding this he debtor or the | | | | |
| | Total and enter on Line 13 | | \$ | 0.00 | | |
| 14 | Subtract Line 13 from Line 12 and enter the result. | | | | | |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | | | | | |
| 16 | Applicable median family income. Enter the median family income for applicable state and housel information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy co | | | | | |
| | a. Enter debtor's state of residence: CA b. Enter debtor's household size: | 2 | \$ | 61,954.00 | | |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. ☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable top of page 1 of this statement and continue with this statement. | e commitment pe | riod i | s 3 years" at the | | |
| | ■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The appli at the top of page 1 of this statement and continue with this statement. | cable commitmen | nt peri | od is 5 years" | | |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABL | LE INCOME | | | | |
| 18 | Enter the amount from Line 11. | | \$ | 6,587.49 | | |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line I any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expletor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustres separate page. If the conditions for entering this adjustment do not apply, enter zero. A | penses of the income(such as debtor's | | | | |
| | Total and enter on Line 19. | | \$ | 0.00 | | |
| 20 | Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. | | \$ | 6,587.49 | | |

| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. | | | | 0 by the number 12 and | \$ | 79,049.88 | | |
|---|---|---|---|--|--|--|--|--------|-----------|
| 22 | Applicable median family income. Enter the amount from Line 16. | | | \$ | 61,954.00 | | | | |
| Application of § 1325(b)(3). Check the applicable box and proceed as directed. ■ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. □ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement. | | | | | this statement. "Disposable income is no | t deter | mined under § | | |
| | 132 | | ALCULATION (| | | | | ts IV, | V, or VI. |
| | | | eductions under Sta | | | | | | |
| 24A | Enter in application bankru on your | ral Standards: food, appar in Line 24A the "Total" ame able number of persons. (T ptcy court.) The applicable in federal income tax return al Standards: health care Pocket Health Care for per | rel and services, housel ount from IRS National his information is availad number of persons is the plus the number of any. Enter in Line al below | keepin Standable and the nur addition addition the standard the standa | ng supp lards for t www.u nber tha tional de | lies, personal care Allowable Living asdoj.gov/ust/ or from twould currently be ependents whom you from IRS National | e, and miscellaneous. Expenses for the form the clerk of the form as exemptions ou support. Standards for | \$ | 985.00 |
| 24B | Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in | | | | | | | | |
| | Perso | ns under 65 years of age | | Pers | sons 65 | years of age or old | ler | | |
| | a1. | Allowance per person | 60 | a2. | Allow | ance per person | 144 | | |
| | b1. | Number of persons | 2 | b2. | Numb | er of persons | 0 | | |
| | c1. | Subtotal | 120.00 | c2. | Subtot | al | 0.00 | \$ | 120.00 |
| Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | \$ | 465.00 | | | | |
| 25B | not enter an amount less than zero. | | | | | | | | |
| | b. | IRS Housing and Utilities Average Monthly Payment home, if any, as stated in L | for any debts secured b | | | \$ | 942.00 1,765.86 | | |
| | | Net mortgage/rental expen | | | | Subtract Line b fr | | \$ | 0.00 |
| 26 | 25B do Standa | Standards: housing and upes not accurately computerds, enter any additional artion in the space below: | the allowance to which | you a | re entitl | ed under the IRS H | Iousing and Utilities | \$ | |

| | | | _ | | |
|-----|---|--|-------------------|---------------|--|
| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | | |
| | Check the number of vehicles for which you pay the operating expens | ses or for which the operating expenses are | | | |
| 27A | included as a contribution to your household expenses in Line 7. \square 0 | \square 1 \square 2 or more. | | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or | \$ | 472.00 | |
| | Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that | expense. If you pay the operating expenses | | | |
| 27B | your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.go.court.) | ransportation" amount from the IRS Local | \$ | 0.00 | |
| | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two | | | | |
| | vehicles.) 1 2 or more. | - IDC I1 C411 T | | | |
| | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy | | , | | |
| 28 | Monthly Payments for any debts secured by Vehicle 1, as stated in Li | | | | |
| | the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs | \$ 496.00 | 1 | | |
| | Average Monthly Payment for any debts secured by Vehicle | | 1 | | |
| | b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1 | \$ 583.91 Subtract Line b from Line a. | - _{\$} | 0.00 | |
| | Local Standards: transportation ownership/lease expense; Vehicle | | J Ψ | | |
| 29 | the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero. | court); enter in Line b the total of the Average | , | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ 496.00 |] | | |
| | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ 0.00 | | 400.00 | |
| | c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ | 496.00 | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales | come taxes, self employment taxes, social | \$ | 1,199.28 | |
| 31 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. | | | 22.54 | |
| 32 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for | | | 33.54 | |
| | | | \$ | 76.00 | |
| 33 | life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as | on your dependents, for whole life or for all monthly amount that you are required to | \$ | 76.00 | |
| 33 | life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. | al monthly amount that you are required to spousal or child support payments. Do not | \$ | | |
| 33 | life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged deposition. | al monthly amount that you are required to spousal or child support payments. Do not ysically or mentally challenged child. Enter ion that is a condition of employment and for | \$ | 76.00 0.00 | |
| | life insurance for yourself. Do not include premiums for insurance any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for educat | al monthly amount that you are required to spousal or child support payments. Do not ysically or mentally challenged child. Enter ion that is a condition of employment and for endent child for whom no public education | \$ | 76.00 | |

| 36 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | \$ | 0.00 |
|----|--|----|----------|
| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | \$ | 56.00 |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. | \$ | 3,902.82 |
| | Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37 | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | |
| 39 | a. Health Insurance \$ 120.91 | | |
| | b. Disability Insurance \$ 0.00 | | |
| | c. Health Savings Account \$ 0.00 | \$ | 120.91 |
| | Total and enter on Line 39 | Ф | 120.91 |
| | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: | | |
| | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | \$ | 0.00 |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | \$ | 0.00 |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | 0.00 |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | 35.00 |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | \$ | 102.00 |
| | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | 257.91 |

| | | Subpart C: Deductions for | Debt Pa | yment | | | |
|---|--|--|--|---|---|-------|----------|
| 47 | own, list the name of credit check whether the payment scheduled as contractually of | ed claims. For each of your debts that is sector, identify the property securing the debt, statical includes taxes or insurance. The Average Modue to each Secured Creditor in the 60 month essary, list additional entries on a separate page. | te the Ave onthly Pay s followin | erage Monthly ment is the to g the filing of | Payment, and tal of all amounts the bankruptcy | | |
| | Name of Creditor | Property Securing the Debt | N | Average Monthly Payment | Does payment include taxes or insurance | | |
| | a. Ally Financial | 2009 Cadillac CTS | \$ | 583.91 | □yes ■no | | |
| | BAC Home Loans b. Servicving, LP | 1273 Fiesta Avenue Calexico, CA | \$ | 1,765.86 | ■yes □no | | |
| | Servicing, LF | Calexico, CA | | al: Add Lines | 7 | \$ | 2,349.77 |
| 48 | motor vehicle, or other propyour deduction 1/60th of an payments listed in Line 47, sums in default that must be the following chart. If necessity | d claims. If any of debts listed in Line 47 are perty necessary for your support or the support ay amount (the "cure amount") that you must in order to maintain possession of the proper e paid in order to avoid repossession or foreclessary, list additional entries on a separate pag | rt of your pay the cre ty. The cu osure. Lis | dependents, y editor in addit re amount wo t and total any | ou may include in ion to the uld include any y such amounts in | | |
| | Name of Creditor aNONE- | Property Securing the Debt | \$ | | the Cure Amount | | |
| | | | | | Total: Add Lines | \$ | 0.00 |
| 49 | priority tax, child support a not include current obliga | priority claims. Enter the total amount, divided a a limony claims, for which you were liable tions, such as those set out in Line 33. Expenses. Multiply the amount in Line a by | at the tim | e of your bank | kruptcy filing. D o | \$ | 0.00 |
| | resulting administrative exp | pense. | the amou | n in Eme o, a | nd enter the | | |
| 50 | | nonthly Chapter 13 plan payment. | \$ | | 0.00 | | |
| 30 | issued by the Execuinformation is avail | for your district as determined under schedule at ive Office for United States Trustees. (This lable at www.usdoj.gov/ust/ or from the clerk | | | 9.20 | | |
| | the bankruptcy couc. Average monthly a | dministrative expense of chapter 13 case | | l: Multiply Li | | \$ | 0.00 |
| 51 | Total Deductions for Debt | Payment. Enter the total of Lines 47 through | h 50. | | | \$ | 2,349.77 |
| | | Subpart D: Total Deduction | s from 1 | Income | | | |
| 52 | Total of all deductions fro | m income. Enter the total of Lines 38, 46, ar | nd 51. | | | \$ | 6,510.50 |
| | Part V. DET | TERMINATION OF DISPOSABLE | E INCO | ME UNDI | ER § 1325(b)(| 2) | |
| 53 | Total current monthly inc | ome. Enter the amount from Line 20. | | | | \$ | 6,587.49 |
| Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | | | | | \$ | 0.00 | |
| 55 | wages as contributions for o | ctions. Enter the monthly total of (a) all amoral qualified retirement plans, as specified in § 54, as specified in § 362(b)(19). | | | | of \$ | 0.00 |
| 56 | Total of all deductions allo | owed under § 707(b)(2). Enter the amount fi | rom Line : | 52. | | \$ | 6,510.50 |
| | 1 | | | | | | -, |

7

| | there If ne prov | iction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances are list additional entries on a separate page. Total the de your case trustee with documentation of these expense special circumstances that make such expense necessary. | ances and the result expenses and enter ases and you must | Iting expenses in lines a-c below. or the total in Line 57. You must provide a detailed explanation | |
|----|---|--|---|---|----------------|
| 57 | | Nature of special circumstances | Am | ount of Expense | |
| | a. | | \$ | | |
| | b. | | \$ | | |
| | c. | | \$ | | |
| | | | Tot | al: Add Lines | \$ 0.00 |
| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. | | | | \$ 6,510.50 |
| 59 | 59 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. | | | \$ 76.99 | |
| | | Part VI. ADDITIONA | L EXPENSE | CLAIMS | |

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

61

| | Expense Description | Monthly Amount |
|----|--------------------------------|----------------|
| a. | | \$ |
| b. | | \$ |
| c. | | \$ |
| d. | | \$ |
| | Total: Add Lines a, b, c and d | \$ |

Part VII. VERIFICATION

| I declare under penalty of perjury that the information provided in this statement is true and correct. | (If this is a joint case, b | oth debtors |
|---|-----------------------------|-------------|
| must sign.) | | |

Date: January 4, 2011 Signature: /s/ Robert Escalante

Robert Escalante (Debtor)

Date: January 4, 2011 Signature /s/ Maria L. Escalante

Maria L. Escalante

(Joint Debtor, if any)

Form 22 Continuation Sheet 6 Month Average Income

| Income Month 1 NOVEMBER 2010 | Debtor | Spouse | Income Month 2 OCTOBER 2010 | Debtor | Spouse |
|---------------------------------|---------|---------|-----------------------------|---------|---------|
| Gross wages 1138.05 + 1131.66 | 2269.71 | 4850.27 | Gross wages 1177.75 + | 2395.32 | 4850.27 |
| Business inc | | | 1217.57 | | |
| UI | | | UI | | |
| Pensions, retire | | | Pensions, retire | | |
| Child Support | | | Child Support | | |
| Other inc | | | Other inc | | |
| | | | | | |
| Income Month 3 SEPTEMBER 2010 | | | Income Month 4 AUGUST 2010 | | |
| Gross wages 1202.41 + 1201.14 + | 3558.25 | 4850.27 | Gross wages 1142.76 + | 2302.87 | 4627.16 |
| 1154.70 | | | 1160.11 | | |
| UI | | | UI | | |
| Pensions, retire | | | Pensions, retire | | |
| Child Support | | | Child Support | | |
| Other inc | | | Other inc | | |
| | | | | | |
| Income Month 5 JULY 2010 | | | Income Month 6 JUNE 2009 | | |
| Gross wages 1133.48 + 1288.25 | 2421.73 | | Gross wages 1359.07 + | 2548.90 | 4850.32 |
| Business inc | | | 1189.83 | | |
| UI | | | UI | | |
| Pensions, retire | | | Pensions, retire | | |

Child Support

Other inc

HUSBAND'S TOTAL GROSS FOR THE LAST 6 MONTHS = \$15496.78/6 = \$2582.79/month WIFE'S TOTAL GROSS FOR THE LAST 6 MONTHS = \$24028.24/6 = \$4004.70/month TOTAL MONTHLY INCOME FOR THE LAST 6 MONTHS = \$6587.49/month

Child Support

Other inc